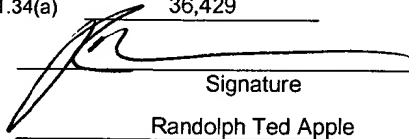




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 213542000101															
In re Application of Lennart OLSSON and Tatjana NARANDA																	
Application Number 09/991,548	Filed November 20, 2001																
For: RECEPTOR DERIVED PEPTIDES AS MODULATORS OF RECEPTOR ACTIVITY																	
Art Unit 1644	Examiner M. Dibrino																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td><td>1,970.00</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 985.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952. <del>I have enclosed a duplicate copy of this sheet.</del> Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 36,429</p> <p>September 24, 2003 Date (650) 813-5933 Telephone Number</p> <p> Signature Randolph Ted Apple Typed or Printed Name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$		<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$		<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$		<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$		<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	1,970.00
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$																
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	1,970.00															
<input checked="" type="checkbox"/> Total of 1 forms are submitted.																	

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